

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Circle K #47052			Telephone Number	Date of Inspection (mm/dd/yr)  (0/3/2019 18-56		
			\$(1 423 #555			18-56
Establishment Address (number and street, city, state, zip code)			nz 379 9227	رد ره	2017	10-50
	w. Knobl	c Rs. Guyctus, IN 47122		<del>  `</del>	1 = 1	<u> </u>
Owner  Mai's Convenue Stree, 14  Owner's Address			Purpose:  1. Routine 2. Follow-up	Release Date    O dog 5    Summary of Violations:		
Person in Charge  Dava )   Responsible Person's E-mail  Certified Food Manager			4. Pre-Operational 5. Temporary 6. HACCP	C NC R		
• CRITICAI	L ITEMS ARE I	DENTIFIED IN THE CHECKLIST AND NARRATIVE COLU	MNS MARKED "C"			
• VIOLATIO	ON(S) REPEAT	ED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TH	E "SUMMARY OF VIOLATIONS"	AND IN THE	NARRATIVE	E BELOW AS "R"
Section#	C/NC I	Narrativ	/e		To Be C	orrected By
245	טע	Observed met rags ontside of sand	our of coffee self-s	url	1.1	~1
297	MC	Obsumed lobby sulf-sure ice ch	tos to be worldy		Toda	7
416	NU	Objected head longs in BOH/ha	Many light should	5	1.2	ກ່
433	NC	Observed map not perspenty home			1-00	1
		1 1 1	11.	•		<b>!</b> :
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	• •		
	ļ			•	- :	
			· · · · · ·			<u>:</u>
						:
						<del></del> ,
	<del>                                     </del>				1	:
	<del>  -                                   </del>				1.	
	<del>  -                                   </del>					
· ·	+				1	
D			- Tr ( ) 1 C ( ) 1 C			
Received by	y (name and tit	M. JONES	Inspected by (name and titl <b>A·)</b> .	e printed):  Ingra	m (EHS	)
Received by	y(signature):		Inspected by (signature):			
No. on Change			ay			
cc;	Miles and a	cc;	<u></u>	cc:		
		<b>'</b>				